

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		1					52)				
3	1						53	/				
4		1					54	1				
5		1					55)				
6		1					56)				
7	1						57	1				
8		1					58	1				
9)						59	/				
10	1						60	1				
11	1						61	1				
12	1						62	1				
13	1						63	1				
14)						64	1				
15	1						65	1				
16	1						66	1				
17	1						67	1				
18	1						68	i				
19	1						69	i				
20	1						70	1				
21	1						71	1				
22	1						72	1				
23	1						73	1				
24	1						74	1				
25	1						75	1				
26	1						76	1				
27	1						77	1				
28	1						78	1				
29	1						79	1				
30	1						80	1				
31	1						81	1				
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
TOTAL IND.							TOTAL IND.	7				
TOTAL DEP.							TOTAL DEP.	74				
TOTAL CLAIMS							TOTAL CLAIMS	81				